**SAMPLE LETTER:**

**FIRST REFERRAL FOR SPECIAL EDUCATION ASSESSMENT**

INSTRUCTIONAL NOTE:

To request assessment to determine whether your child is eligible for special education services, submit a WRITTEN LETTER to the School District Special Education Director. Cc the principal, teacher or others involved with your child’s education. Tell the school district that you are concerned about your child’s educational progress, and briefly why, and that you are making a referral for assessment for special education services.

You will want to retain PROOF of the letter’s delivery. Consider sending the letter “return/receipt requested” from the post office. Or hand deliver and ask that your letter be date stamped and a copy of this given to you before you leave. Or fax your letter and print your “successful transmission” fax report and follow up by phone to ensure the letter was received.

A WRITTEN letter triggers an important timeline under the Individuals with Disabilities Act (IDEA) law:

- From the time the school district receives your letter, the school district has 15 calendar days (not counting large school holidays) to present you with an Assessment Plan for your consent.

- From the time you receive an Assessment Plan, you have 15 calendar days (if you wish to take them) to ask all the questions you need to feel comfortable to give “informed consent” by signing the plan.

- From the time you consent to the Assessment Plan, the district has 60 days (not counting large school holidays) to assess your child and hold the first Individualized Education Plan (IEP) meeting.

In an initial IEP meeting, you and administrative, educational, and assessor team members will discuss the assessment results and make a determination whether the child qualifies for special education services. If your child qualifies, an IEP document will be developed.

If your child is currently enrolled by you in private school, you must request assessment from the school district in which the private school is located, even if this is not the district in which you live. (New when IDEA law was reauthorized in 2004.)

DATE

NAME

DIRECTOR OF SPECIAL EDUCATION SERVICES

SCHOOL DISTRICT NAME

ADDRESS

CITY, CA ZIP

Dear NAME:

I am the parent/guardian of STUDENT, who is currently in the GRADE. My child has not been doing well in school, and I am concerned about STUDENT’s educational progress and whether there may be something impeding STUDENT’s learning. I would like to have my child assessed for special education.

I am writing to make a referral for assessment for special education services for STUDENT, as required by 5 C.C.R Sec. 3021 (a). STUDENT may be eligible for special education assistance. I am requesting that STUDENT be given a comprehensive assessment by the school district and that an IEP meeting be scheduled for him/her. As part of the assessment process, I also request that my child be assessed under Section 504 of the Rehabilitation Act of 1973 to determine whether she should be identified as “handicapped” pursuant to that law and to determine what, if any, accommodations might be required in her educational program in the event that she does not qualify for special education services or in addition to special education services. This is also to request that the SCHOOL DISTRICT’S NAME Section 504 Coordinator be present at the IEP meeting to discuss the results and recommendations of the Section 504 assessment.

Additionally, I request that STUDENT be assessed for Educationally-Related Mental Health Services. I believe my child would benefit from counseling support and other related services at school.

I look forward to receiving an assessment plan within 15 days. If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance.

Sincerely,

[PARENT’S NAME]

cc: Principal

 Resource Specialist